



# Defense Health Agency DSAA Prerequisite Checklist

This checklist is designed to ensure you have completed the Data Sharing Agreement Application (DSAA) pre-submission reviews and have the necessary documentation to submit a DSAA. You must complete and submit this Prerequisite Checklist (PRC) to the Defense Health Agency (DHA) Privacy and Civil Liberties Office (PCLO) before you submit a DSAA or it will be declined. If, based upon your answers in this checklist, the DHA PCLO determines a DSAA is not required, you will be issued a no action letter that can be used to assist with obtaining data from data managers.

Prior to submitting a DSAA, you must ask the Data Custodians if you can receive or access the data you are requesting. The DHA PCLO only provides a compliance review and approval of the use of DHA data under privacy and security requirements. The DHA PCLO does not provide data extracts or access to information systems.

Refer to the DHA DSAA webpage: <https://www.health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/Submit-a-Data-Sharing-Application> for the latest version of the DSAA Checklist.

**For guidance for each question below, refer to checklist’s Criteria and Requirements document. Send DSAA questions and submissions to [dha.ncr.j-6.mbx.dsa-mail@health.mil](mailto:dha.ncr.j-6.mbx.dsa-mail@health.mil).**

**PRIVACY NOTICE:** *Data Sharing Agreements (DSA) are project or contract-specific, not individual data user-specific. Only the names and professional contact information of the Applicant and Sponsor should be listed. The names and contact information for the listed individuals are maintained so information and notices can be sent to these individuals. Data will be protected under the provisions of the Privacy Act of 1974 and only released as permitted by law.*

| SECTION 1. PROJECT TITLE   |           |         |   |
|--|-----------|---------|---|
|  |           |         |   |
| SECTION 2. DSA REQUESTOR’S CONTACT INFORMATION   |           |         |   |
|  | Applicant | Sponsor | Request Coordinator<br><i>(if applicable)</i> |
| 2a. Name   |           |         |   |
| 2b. Job Title  |           |         |   |
| 2c. Employer Organization  |           |         |   |
| 2d. Division, Office, or Dept.   |           |         |   |
| 2e. Business Mailing Address   |           |         |   |
| 2f. Professional E-mail  |           |         |   |
| 2g. Direct Phone   |           |         |   |
| SECTION 3. PREVIOUS DHA DSAs   |           |         |   |
| <p>3a. Are you renewing or modifying an existing DHA DSA?<br/> <input type="checkbox"/> No      <input type="checkbox"/> Yes—Specify DSA number here: _____ Completion of a DSA Change Template may be required, as determined by the DHA PCLO.</p> <p>3b. Are you applying for a new DHA DSA to replace an existing DHA DSA?<br/> <input type="checkbox"/> No      <input type="checkbox"/> Yes—Specify DSA number here: _____</p> <p>3c. Is this DHA data request for a project that is connected to or related to another DSAA or DSA project, such as a research project conducted under the same protocol, same study team, with the same data, or a business associate with two data requests for different Support to the Covered Entity activities?<br/> <input type="checkbox"/> No      <input type="checkbox"/> Yes—Specify related DSAA or DSA number(s) here: _____</p> |           |         |   |

# Defense Health Agency DSAA Prerequisite Checklist

**SECTION 4. PURPOSE OF DSA REQUEST**

4. For what purpose are you requesting the DHA data?

- Research**
- Support to the Covered Entity** – If using or disclosing Protected Health Information (PHI) then you must verify your organization is a Business Associate (BA) in Section 5.
- Public Health Authorities (PHA)** – If requesting PHI, you must provide documentation or reference a law or policy officially designating the organization as a PHA for your DSAA to be approved.
- Military Command Exception (MCE)** – You must verify in Section 6 that the purpose satisfies DoD Manual 6025.18 section 4.4.k.(1)(c) military command exception requirements.
- Our needs do not fit the above criteria.** A brief summary of the purpose of the DSA request is below:

**SECTION 5. BUSINESS ASSOCIATE AGREEMENT (BAA)**

5. If your organization is requesting a DSAA to provide Support to the Covered Entity, will your organization be using or disclosing PHI?

- No—Skip ahead to Section 6.
- Yes—I can ensure that my organization or my sponsor can verify, by signing below, that we have a BAA on file. I verify that \_\_\_\_\_ for \_\_\_\_\_ has executed a BAA under contract number \_\_\_\_\_, which expires on \_\_\_\_\_. [Note: If you are using a non-federal information system to store identifiable information, then you are required to complete the HIPAA Safeguards Review (HSR) Template of Non-Federal Systems documentation in Section 9.]

|  | Applicant  | Sponsor    |
|--|------------|------------|
| Name   |            |            |
| Applicant Signature  | Signature: | Signature: |
| <i>If applicable,</i><br>Signing Authority's<br>Signature/Date | Signature: | Signature: |

**SECTION 6. HIPAA MILITARY COMMAND EXCEPTION**

6. Is the DHA data disclosed for a specific MCE purpose and will not be used for any other purpose?

- No—Skip ahead to Section 7.
- Yes—Specify documentation attached or legal reference:

By signing below you certify that the data will only be used for MCE purposes.

|  | Applicant  | Sponsor    |
|--|------------|------------|
| Name   |            |            |
| Applicant Signature  | Signature: | Signature: |
| <i>If applicable,</i><br>Signing Authority's<br>Signature/Date | Signature: | Signature: |

# Defense Health Agency DSAA Prerequisite Checklist

DHA PCLO Use Only  
DSAA # \_\_\_\_\_

7. Is the DHA data disclosed for a specific PHA purpose and will not be used for any other purpose?

No—Skip ahead to Section 8.

Yes—PHA Name:

Specify documentation attached or legal reference: \_\_\_\_\_.

By signing below you certify that the data will only be used for PHA purposes.

Name  
Applicant Signature

*If applicable,*  
Signing Authority's  
Signature/Date

## SECTION 8. SOCIAL SECURITY NUMBER (SSN) JUSTIFICATION

8. Are you requesting Social Security Numbers (SSNs)?

No—I am using the following alternate identifiers in lieu of SSNs (e.g., DoD IDs/ Electronic Data Interchange Personal Identifier Number (EDIPNs)):

\_\_\_\_\_.

Yes—Provide an explanation for SSN usage in the box below for your DSAA to be approved:

N/A—SSNs or alternate identifiers will not be used.

## SECTION 9. HIPAA SAFEGUARDS REVIEW

9. If you intend to store, maintain, or transmit **identifiable** electronic data on a non-federal system, have you completed an HSR packet?

For HSR questions, email [DHA.HIPAAsecurity@mail.mil](mailto:DHA.HIPAAsecurity@mail.mil).

No—Our organization is not storing identifiable electronic data on a non-federal information system.

Yes— The completed HSR Packet is attached, and I understand if any changes or updates are made to my HSR, **I am required to update the DHA PCLO with such documentation within 5 business days of the change.** Initials: \_\_\_\_\_

# Defense Health Agency DSAA Prerequisite Checklist

## SECTION 10. CONFIRMATION OF AUTHORIZATION TO OPERATE (ATO)

10a. If the DHA data is being extracted or downloaded from one federal information system to store, transmit, or process on another federal information system, including at the end of a project or research study in a repository then you must confirm the federal system has an active ATO.

- No—The project team is not storing, transmitting, or processing DHA data on another federal information system.
- Yes—The federal information system where the data will be stored has an active ATO.

10b. By signing below, the sponsor confirms that the requested DHA data may be processed as intended. If transmitting, storing, or processing DHA data on another federal information system you must ensure that it has an active ATO. The Sponsor must deliver proof of the ATO to the DHA Privacy Office upon request.

Sponsor Name \_\_\_\_\_
Sponsor CAC  
Signature/ Date \_\_\_\_\_

## SECTION 11. DHA DATA CONSULTATIONS AND REQUESTS

11a. Have you obtained permission to receive or access the DHA data you are requesting from the applicable Data Custodian (DC), Program Management Office (PMO), and Analytics and Evaluation (A&E) Division ?

- I confirm that the DC, PMO, and A&E for each information system has agreed that the requested data may be used for the purposes communicated in the DSAA.

11b. By signing below, the following DHA DC or PMO confirm that they conducted a pre-review of the data request and recommend approval of the associated DHA DSAA. A&E Division representative(s) confirm that they conducted a pre-review of the data request, determined data availability and recommend approval of the associated DHA DSAA in accordance with DHA Administrative Instruction 3000.01, Analytics and Evaluation.

| #  | DHA DC, PMO or A&E Branch/Team | DHA System Acronym | DC, PMO, or A&E Representative Name | Representative CAC Signature |
|----|--------------------------------|--------------------|-------------------------------------|------------------------------|
| 1. |                                |                    |                                     |                              |
| 2. |                                |                    |                                     |                              |
| 3. |                                |                    |                                     |                              |
| 4. |                                |                    |                                     |                              |
| 5. |                                |                    |                                     |                              |
| 6. |                                |                    |                                     |                              |
| 7. |                                |                    |                                     |                              |

Note: Request Analytics and Evaluation (A&E) Division approval by submitting a request for review and approval to the MHS Request Submissions Portal. For more information, refer to the DSAA Point of Contacts website.

11c. Provide a brief project description and justification for the requested data from the DHA System(s) in the box below:

# Defense Health Agency DSAA Prerequisite Checklist

DHA PCLO Use Only  
DSAA # \_\_\_\_\_

## SECTION 12. SURVEYS

12. Does your research or project involve a survey or other collection of information?
- No—Skip ahead to Section 13.
  - Yes—Other requirements, such as DoD Instruction 8910.01, DoD Instruction 1100.13, and/or DHA AI 8900.01: Guidance for Conducting Surveys and Other Information Collections (SOICs), may apply. (Contact DHA’s Information Management Control Officer (IMCO) for more information).

## SECTION 13. PRIVACY ACT COMPLIANCE

13. If PHI, Personally Identifiable Information (PII), Limited Data Set (LDS) will be collected, maintained, used, or disseminated from a hard copy or electronic System of Records (SOR); you must check that the intended uses comply with the permitted uses described in the SORN for the SORs from which data will be obtained. Choose the correct response below:

- PHI, PII, and LDS will not be collected, maintained, used, or disseminated from a hard copy or SOR.
- The SORN(s) was reviewed and the following SORN(s) permits the use of the data: \_\_\_\_\_

## SECTION 14. RESEARCH REQUESTS

14. Which one of the following Institutional Review Board (IRB) processes did you complete in your request for research, and does your team have the required DSAA supporting documentation?

- N/A—Not a Research Request
- We utilized a DoD IRB that participates in the DHA Research Streamlining Initiative.  
**Required documentation:** DHA IRB Findings Document signed by the IRB, IRB Approval Letter, Approved Protocol, and Research Repository Template.
- We utilized a DoD IRB that does not participate in the DHA Research Streamlining Initiative.  
**Required documentation:** IRB Approval Letter, Approved Protocol, De-identification Template, Data Request Template.
- We utilized a non-DOD IRB.  
**Required documentation:** Human Research Protections Program (HRPP) Determination Letter, IRB Approval Letter, Approved Protocol, De-identification Template, Data Request Template.

**Please Note: \*\*Additional documentation may be requested during the DSAA review.\*\***

## Download the DHA DSA Application

<https://www.health.mil/Military-Health-Topics/Privacy-and-Civil-Liberties/Submit-a-Data-Sharing-Application/Templates>

## For DHA PCLO Use Only

Date Received: \_\_\_\_\_ DSAA #: \_\_\_\_\_ PCLO Reviewer Initials: \_\_\_\_\_

Upon receipt of this DSA Prerequisite Checklist, the following finding is made:

- Received fully completed PRC —Request DSAA with applicable supplemental documentation.
- Received fully completed PRC and DSAA—DHA PCLO can formally start processing DSAA.
- DSA unnecessary—Closing with a no action letter.
- Declined due to incomplete PRC and/or DSAA:
  - Incomplete PRC—Section(s) \_\_\_\_\_
  - Incomplete DSAA—Section(s) \_\_\_\_\_